

SERFF Tracking Number:	NYLX-125682502	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	39215
Company Tracking Number:	LTCAR0023501A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0023501A01		

Filing at a Glance

Company: New York Life Insurance Company		
Product Name: CP Adv Natl Cons - Prod Spec	SERFF Tr Num: NYLX-125682502	State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 39215
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: LTCAR0023501A01	State Status: Filed-Closed
Filing Type: Advertisement	Co Status:	Reviewer(s): Harris Shearer
	Author: SPI NewYorkLifeInsCoLTC	Disposition Date: 07/17/2008
	Date Submitted: 06/05/2008	Disposition Status: Filed-Closed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

General Information

Project Name: CP Adv Natl Cons - Prod Spec	Status of Filing in Domicile:
Project Number: LTCAR0023501A01	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/17/2008	
State Status Changed: 07/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
June 5, 2008	

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

SERFF Tracking Number: NYLX-125682502 *State:* Arkansas
Filing Company: New York Life Insurance Company *State Tracking Number:* 39215
Company Tracking Number: LTCAR0023501A01
TOI: LTC03I Individual Long Term Care *Sub-TOI:* LTC03I.001 Qualified
Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0023501A01

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number 370282CV

Dear Mr. Shields,

The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.

We consider this advertising form an invitation to inquire. The form has general information on partnership programs for long-term care insurance. It is a concept paper that will be available to prospects, clients and businesses distributed by our agents or the Company directly.

We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes
Senior Contract Compliance Associate

Attachment(s)

SERFF Tracking Number:	NYLX-125682502	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	39215
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Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0023501A01		

Company and Contact

Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance Associate	sbyrnes@newyorklifeltc.com
6200 Bridge Point Parkway Suite 400 Austin, TX 78730-5006	(512) 703-5555 [Phone] (512) 703-5564[FAX]

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
6200 Bridge Point Parkway Suite 400	Group Code: 826	Company Type:
Austin, TX 78730	Group Name:	State ID Number:
(512) 703-5555 ext. [Phone]	FEIN Number: 13-5582869	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$25.00	06/05/2008	20679185

SERFF Tracking Number:	NYLX-125682502	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/17/2008	07/17/2008

<i>SERFF Tracking Number:</i>	<i>NYLX-125682502</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39215</i>
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<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0023501A01</i>		

Disposition

Disposition Date: 07/17/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NYLX-125682502</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39215</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	AR Cvr Ltr (06-05-08), AR NAIC Trans ,	Filed-Closed	Yes
	AR Fee Sched Form		
Form	Concept Paper-Partnership Program	Filed-Closed	Yes

SERFF Tracking Number:	NYLX-125682502	State:	Arkansas
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Form Schedule

Lead Form Number:

Review	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Status	Number				Data		
Filed-	370282CV	Advertising	Concept Paper-	Initial			370282CV.P
Closed			Partnership Program				DF



New York Life Insurance Company

The State Partnership for Long-Term Care Insurance



The Company You Keep®

It is never too soon to begin planning for your retirement and long-term care insurance can be an important part of a complete retirement plan. In 2006, the federal government passed legislation (The 2005 Deficit Reduction Act) that encouraged personal responsibility for individual long-term care needs and promoted long-term care insurance as a way to help safeguard against the future costs of needing care. The legislation also allowed for individual states to develop long-term care insurance partnership programs. New York Life Insurance Company (New York Life) has voluntarily agreed to participate in these emerging state long-term care partnership programs.

What is a Long-Term Care Insurance Partnership Program?

A long-term care insurance partnership program is a voluntary public/private arrangement between private long-term care insurers and some states' Medicaid/Medical Assistance programs. This partnership is designed to enable people who have purchased qualifying long-term care insurance policies to have some of their assets protected if they later need to access Medicaid benefits.

States that partner with private insurers in this regard utilize a program called "asset disregard" to reward the policyholder for purchasing a partnership-qualifying long-term care insurance policy. Under an asset disregard program, the amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualifying partnership policy may be disregarded for the purpose of determining the insured's eligibility for Medicaid. **Please note that it is the state, not the insurance company, who determines Medicaid eligibility.**

What are the advantages and disadvantages to having a Partnership Policy?

Whether you choose to buy a policy that is partnership-qualifying or you choose to buy a policy that does not meet partnership-qualifications, you can be assured that New York Life stands behind every policy we sell. The partnership status of a New York Life Long-Term Care Insurance policy has no impact on policy benefit eligibility or premium levels.

The advantage to purchasing a partnership-qualifying policy is that there is a chance that some of your assets could be protected in the future if you were to qualify for Medicaid. There is no extra premium cost for purchasing a partnership-qualifying policy.

Please also note that New York Life's long-term care insurance policy, LTCSelect Premier, is state specific. In addition, the rules governing what determines if a policy qualifies for partnership are also state specific.

Once a policy is issued, if a policyholder makes any changes to the policy, it may affect the policy's partnership status. The qualifications for a partnership policy depend in part on your age and the type of inflation protection you select and maintain.

Another variable that will determine a policy's partnership status over the long-term is state residency. You could lose partnership-qualifying status if you move to a state that does not have a partnership program or does not agree to provide reciprocal coverage. Finally, partnership policies are dependent upon state and federal law changes. If there is a change in the state's law, it could reduce or eliminate the beneficial treatment to your policy.



New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

Long-Term Care Insurance Division
6200 Bridge Point Parkway, Suite 400
Austin, TX 78730

1-800-224-4582
www.newyorklife.com

The purpose of this brochure is solicitation of insurance. An insurance agent may contact you.

New York Life Insurance Company's long-term care insurance is issued on policy form series ILTC-5000 and INH-5000 with a state identifier and edition date. Examples: ILTC-5000 (ID) (1001) and INH-5000 (ID) (1001) for Idaho, ILTC-5000 (NC) (1001) (Rev. 0606) and INH-5000 (NC) (1001) (Rev. 0606) for North Carolina, ILTC-5000 (PA) (1001) and FLTC-5000 (PA) MLP (0503) for Pennsylvania, ILTC-5000 (TN) (1001) and INH-5000 (TN) (1001) for Tennessee, ILTC-5000 (TX) (0305) and INH-5000 (TX) (0305) for Texas.

The policies contain some benefit eligibility restrictions, other limitations and exclusions, as well as terms under which the policies can be continued in force or discontinued, that are common in the industry. For costs and complete details of the coverage call or write your insurance agent or company.

The individual long-term care insurance policies are underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010.

State Residency Requirements

If you are a resident of a state in which New York Life **has a state partnership-qualifying policy available** keep the following rules in mind:

1. You must buy your policy in the state of your residency for the policy to qualify for Partnership.
2. If you buy a Partnership policy in a state other than your resident state, the policy will not be considered a partnership qualified policy.

If you are a resident of a state in which New York Life **does not** have a qualified Partnership Policy available you will not be issued a Partnership qualified policy.

Inflation Protection Requirement

Inflation protection allows your policy benefits to grow over time to help keep pace with the changes in the cost of care and general inflation. Depending on your age, you may be required to purchase (and maintain) inflation protection with your policy in order for the policy to be considered partnership-qualified. The following are general requirements. Contact your New York Life agent for state-specific requirements.

Issue Age	Qualifying Inflation Protections
18-60	Annual Compound Inflation Protection required
61-75	Inflation protection required, but does not have to be Annual Compound Inflation Protection
76+	Inflation protection optional



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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	AR Cvr Ltr (06-05-08), AR NAIC Trans , AR Fee Sched Form	Review Status:	Filed-Closed	07/17/2008
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Comments:

Attachments:

AR Cvr Ltr (06-05-08).PDF
AR NAIC Trans .PDF
AR Fee Sched Form .PDF



New York Life Insurance Company
Long-Term Care Division
6200 Bridge Point Parkway, Suite 400
Austin, Texas 78730-5006
Bus: 800--723-5555 x 5584
Fax: 512-703-5564
E-mail: sbyrnes@newyorklifeltc.com
www.newyorklifeltc.com

Susan Byrnes
Senior Contracts and Compliance Associate

June 5, 2008

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
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To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Susan Byrnes".


Susan Byrnes
Senior Contract Compliance Associate

Attachment(s)

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
N/A							
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
4.	Contact Name & Address	Telephone #		Fax #	E-mail Address		
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584		512-703-5575	sbyrnes@newyorklifeltc.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	370282CV					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____						
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;">Group</div> <div style="width: 60%;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance	LTC 03I Individual Long-Term Care					
10.	Product Coding Matrix Filing Code	<u>LTC03L001 Qualified</u>					
11.	Submitted Documents	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 30%;"> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 30%;"> <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Advertising </div> </div> <p><u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	June 5, 2008	
13.	Filing Fee (If required)	Amount <u>\$25.00</u> Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Date _____ Check Number _____
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
	<p>The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.</p> <p>We consider this advertising form an invitation to inquire. The form has general information on partnership programs for long-term care insurance. It is a concept paper that will be available to prospects, clients and businesses distributed by our agents or the Company directly.</p> <p>We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.</p> <p>Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.</p> <p>Sincerely,</p> <p>Susan Byrnes Senior Contract Compliance Associate</p> <p>Attachment(s)</p>		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Michael Francescone</u> Title <u>VP & Actuary</u></p> <p>Original Signature <u></u> Date <u>June 5, 2008</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		N/A
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Concept Paper-Partnership Program Advertising	370282CV	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH-FFA-1

13			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
14			<input type="checkbox"/> Other _____	N/A
			<input type="checkbox"/> Initial	N/A
15			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
16			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
17			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
18			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	
19			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
20			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
21			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	N/A
22			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
23			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
24			<input type="checkbox"/> Revised	N N/A
			<input type="checkbox"/> Other _____	N/A /A
25			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
26			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	

LH-FFA-2

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number			N/A	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)			N/A	
Overall percentage rate impact for this filing			%	
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

*** THESE FEES ARE PAYABLE AS REOUINED IN ARK. CODE ANN §23-61-401